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Santé et Bien-être social Canada

Health Protection and You

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Health Protection and Drug Laws

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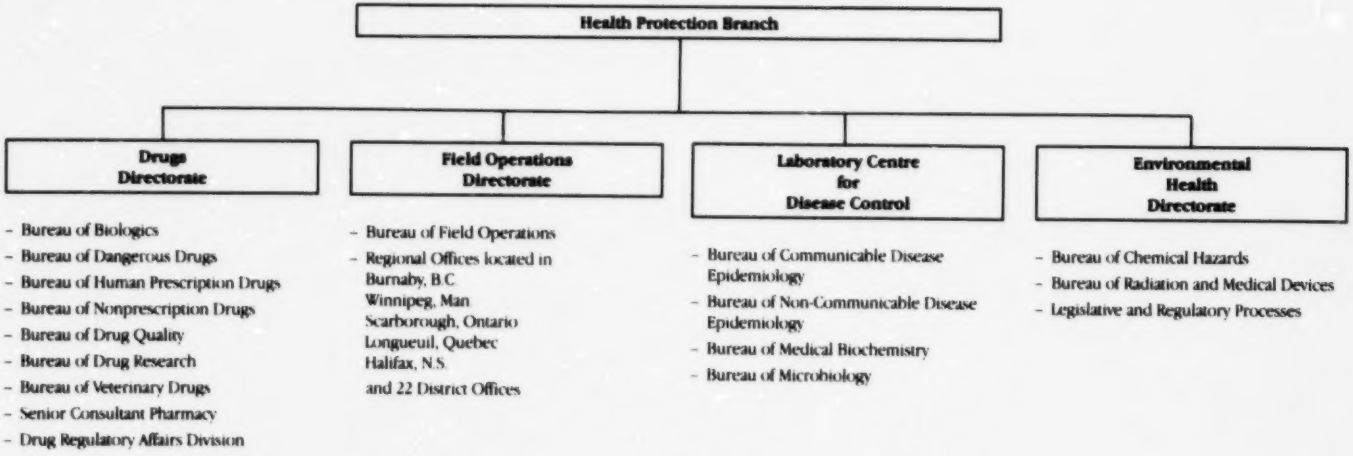
Introduction

Two acts form the basis of the drug laws: the Food and Drugs Act and the Narcotic Control Act. The responsibility for administering these Acts rests mainly with the Health Protection Branch, Department of National Health and Welfare (see the chart reflecting the various drug responsibilities of the Branch.)

Why have drug laws? What are the drug laws? How are these laws implemented? It is the purpose of this publication to answer these three questions. The answers are directed mainly to health professionals, students in the health professions, consumer advocate groups and students of consumer protection laws. It is hoped that this publication will be useful in their dealings with the general public, the government and industry.

Because the volume of legislation that can be outlined in this type of publication is limited, the reader who wants more detail may use this guide in conjunction with the Acts and Regulations and may also refer to the source material listed in the bibliography at the end of each chapter.

A glossary of terms is included at the end of the book.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- Bureau of Dangerous Drugs
- Bureau of Human Prescription Drugs
- Bureau of Nonprescription Drugs
- Bureau of Drug Quality
- Bureau of Drug Research
- Bureau of Veterinary Drugs
- Senior Consultant Pharmacy
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and 22 District Offices
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- Bureau of Non-Communicable Disease Epidemiology
- Bureau of Medical Biochemistry
- Bureau of Microbiology
Environmental Health Directorate
- Bureau of Chemical Hazards
- Bureau of Radiation and Medical Devices
- Legislative and Regulatory Processes

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Chart reflecting the drug organization of the Health Protection Branch, Health and Welfare Canada, Tunney's Pasture, Ottawa K1A 0L2

Chapter 1

Perspective

Evolution of the Drug Laws

Laws are a means of ensuring that drugs are safe and effective and are being used wisely. The acts that detail these laws, the Food and Drugs Act and the Narcotic Control Act, evolved from different pieces of legislation.

Food and Drugs Act

The Inland Revenue Act of 1876 dealt mostly with the adulteration of alcohol. Actual drugs were not defined. It was the forerunner of more effective legislation such as the Adulteration Act of 1884 which defined what was a drug, adulteration and conditions under which adulteration might take place. It was eventually repealed and the 1920 Food and Drugs Act was invoked. In 1953, the Food and Drugs Act was amended so that it had control of manufacture, distribution and sale of drugs except narcotics. A second piece of legislation was the Proprietary or Patent Medicine Act (PPM) of 1909. It was passed because of concern over efficacy and safety of secret-ingredient drugs. In 1977, this Act was revoked and the drugs formerly listed under it are now governed by the Food and Drugs Act.

Narcotic Control Act

The Opium Act of 1908 prohibited the unauthorized importation and possession of gum or smoking opium. In 1911, it was expanded to the Opium and Drug Act and included other problem drugs, e.g. cocaine and morphine. It was changed again in 1920 to the Opium and Narcotic Control Act because illicit trade in narcotics was increasing and more control was necessary. The Narcotic Control Act (1961) now controls the manufacture, distribution and sale of narcotic drugs.

The Regulations

The Acts contain broad statements relating to safety and efficacy. The more detailed technical requirements are outlined in the Regulations.

The Regulations are also a means of rapidly updating legislation; they have the same force and effect as the Act itself.

Requests for changes arise from many sources: the government, professional or trade organizations, consumer groups and industry. When identifying the need for new or changed regulations, the Health Protection Branch (HPB) considers such subjects as health hazards, fraud, surveillance problems and international standards. Major policy initiatives and regulatory amendments are communicated to the drug industry, health professionals and consumers by means of an Information Letter, distributed by the Branch. Comments submitted by these concerned parties are considered in the drafting of regulatory amendments.

Proposed regulations and the respective Regulatory Impact Analysis Statement (RIAS) are reviewed by the Minister of National Health and Welfare, and if the Minister agrees, are presented to the Governor in Council (a committee of the Cabinet) for prepublication in the Canada Gazette, Part I. Comments received are considered prior to finalizing the amendment for presentation to the Governor in Council for passage into law. When passed, it is published in the Canada Gazette, Part II, which is issued twice monthly and contains all new and amended federal regulations.

Expert Advisory Committees

The assistance of individuals who possess expert knowledge and judgment in specific technical, scientific or medical fields is required by the HPB from time to time to augment the expertise of HPB staff members. Where it is determined that such an Advisory Committee should be established, the Branch publishes an Information Letter stating the Terms of Reference for the Committee. The Committee membership is selected by the Branch after consideration of the nominees.

Branch Communications

The Health Protection Branch (HPB) maintains constant contact with the drug industry and various professional and consumer groups. Such communications are vital for mutual understanding of roles and concerns, and for obtaining the best possible advice in the development of new policies and regulations.

A continuing liaison is maintained with many professional organizations in such fields as pharmacy, medicine, dentistry and veterinary medicine.

The Branch also maintains contact with organizations concerned with specific diseases (e.g. arthritis, cancer, diabetes) and consumer groups through its central office in Ottawa and its five regional offices across Canada.

Bibliography

Morrison, A.B. 1976. The Canadian Approach to Food and Drug Regulations. Food, Drug, Cosmetic Law Journal 30: 632-643.

Material available from the Health Protection Branch:

Canadian Drug Laws and the Consumer – Dispatch No. 33 – Drugs Directorate, Publications.

Protection is our Middle Name – leaflet – Field Operations Directorate, Bureau of Field Operations.

The Canadian Food and Drugs Act and Regulations and the Narcotic Control Act and Regulations may be purchased from:

Supply and Services Canada
Canadian Government Publishing Centre
Ottawa, Canada
K1A 0S9

Chapter 2

Drugs and Their Availability

A drug is any substance used in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, and in restoring, correcting or modifying organic functions, in man or animals.
(Paraphrased from the Food and Drugs Act)

Availability of drugs is governed by considerations of safety and effectiveness, i.e. the potential for misuse and the amount of professional consultation needed. At one end of the spectrum are drugs such as calamine lotion that may be bought in a grocery store by any person; at the other end are drugs such as LSD (lysergic acid diethylamide) that may be obtained legally only by a research institution with an authorization from the Minister of National Health and Welfare. The former can provide relief from a minor irritation easily self-diagnosed; the latter has no known medicinal use.

Health professionals – physicians, dentists, pharmacists, nurses, veterinarians – play an important role in the availability of drugs to the general public. The extent of their involvement depends on safety considerations. Federal laws provide many of the rules on availability, but provincial pharmacy laws may further restrict the availability of a drug. It is important to note that provincial laws govern the practice of all health professions.

Vaccines, Sera, Radiopharmaceuticals, Antitoxins

Drugs such as these are administered by a physician or a nurse, when required. The patient does not normally have access to these drugs, except through the physician.

Nonprescription Drugs

While it is not possible to categorize these drugs completely, generally speaking, they fall into three groups, and as their name suggests, they may be obtained without a medical prescription. The actual place of sale is regulated by provincial law, usually the Act relating to the practice of pharmacy.

The Proprietary Medicines (or GPs as they are sometimes called) are those which may usually be purchased in any retail outlet. They may be identified by the label which shows a six-digit number preceded by the letters GP. Their use is intended for the symptomatic treatment of minor self-limiting illnesses that do not require the advice or intervention of a health professional. Examples of GPs are some medicated shampoos, cough drops, etc.

The second group also carries a six-digit number on the label, headed, however, by the letters DIN. For the most part, they are available only in pharmacies and are frequently referred to as OTCs (over-the-counter drugs). They too are intended to relieve the symptoms of minor self-limiting illnesses, but for certain of these medicines it is recommended that the advice of a health professional be obtained concerning their use. Examples of these medicines include some laxatives, cough and cold remedies, sinus and/or nasal preparations and many vitamins. Disinfectants are also included in this group.

The third and smallest group are those which should be used only upon consultation with and recommendation by a physician. They are occasionally intended for long-term use. Medicines such as insulin, nitroglycerin, muscle relaxants and antispasmodics are examples of such medicines.

Drug or cosmetic?

Some products may be perceived by the general public to be cosmetics, but because they alter bodily functions they are, by definition, drugs and are regulated as such (all are nonprescription drugs) e.g.:

- A toothpaste is a cosmetic when it cleans, whitens and brightens the teeth; it is a drug when an ingredient, such as fluoride, is added to help prevent tooth decay.
- A deodorant is a cosmetic because it masks odor in perspiration; an antiperspirant is a drug because it suppresses the flow of perspiration.

Federal vs. provincial laws

Some drugs are nonprescription drugs federally but prescription drugs provincially. For example:

British Columbia	ephedrine and its salts (for internal use containing ephedrine as the single active ingredient)
Ontario	digitalis, its glycosides or derivatives.

Prescription Drugs

Many drugs are available to the general public only after consultation with a practitioner (a physician, dentist or veterinarian) and the presentation of a prescription to a pharmacist. A prescription is an order given by a practitioner directing that a stated amount of a drug be dispensed for the person named in the order.

The main reasons for requiring additional control for these drugs are the need for professional direction and supervision in their use and in some cases their potential for abuse or misuse.

Types of prescription drugs are listed below; they are categorized according to the extent of control necessary for their safe use.

Vitamins A and D

Although usually sold as nonprescription drugs, preparations of vitamins A and D for humans require a prescription when the maximum daily dose recommended on the label exceeds 10 000 and 1 000 IU, respectively. Large doses of such vitamins can be toxic.

Schedule F drugs [Pr]

More than 350 drug substances are listed in Schedule F to the Food and Drug Regulations and represent a wide diversity of classes such as antibiotics, hormones and tranquilizers. Schedule F, perhaps more than any other, is subject to frequent changes. These result from the discovery and introduction to the marketplace of new drug substances, the identification of hazards of certain nonprescription drugs and knowledge of changing abuse and misuse patterns.

The symbol [Pr] must appear on labels of these drugs.

Controlled drugs ◇C◇

At present about 14 drugs are classified as controlled drugs and are listed in Schedule G to the Food and Drugs Act. They are stimulants (e.g. amphetamines, methamphetamines) and sedatives (e.g. barbituric acid, methaqualone).

The symbol ◇C◇ must appear on labels and all professional advertisements.

Misuse of the stimulants resulted in their being classed as "designated drugs" that may only be prescribed for the following conditions:

Humans	narcolepsy, hyperkinetic disorders in children, mental retardation (minimal brain dysfunction), epilepsy, parkinsonism, hypotensive states associated with anesthesia
Animals	depression of cardiac and respiratory centres.

Narcotic drugs "N"

Narcotic drugs are controlled by the Narcotic Control Act and Regulations and are listed in the Schedule to that Act. Examples of drugs in this group are cocaine, opium, codeine, morphine, phenyclidine and Cannabis (marihuana).

Some of these drugs have a legitimate medicinal use such as the relief of pain. However, their psychotropic effects (ability to modify mental activity) and addictive properties have led to stringent restrictions on their availability.

The letter "N" must appear on all labels and professional advertisements.

Codeine: the only narcotic preparations that a pharmacist may sell to the general public without a prescription are oral preparations containing 8 mg or its equivalent per tablet of codeine phosphate, or for liquid preparations 20 mg/30 mL or its equivalent of codeine phosphate. (Section 36(1), Narcotic Control Regulations).

Such products must also contain at least two additional medicinal ingredients (e.g. ASA, pheniramine maleate) in specified proportions and should not be administered to children except on the advice of a physician or dentist.

Restricted Drugs

These substances, which have hallucinogenic properties (alter perception from objective reality with serious physiological and psychological effects), have no recognized medicinal use and are dangerous. There are about 29 such chemicals, which are listed in Schedule H to the Food and Drugs Act. The most well known is lysergic acid diethylamide (LSD). These chemicals are only available to institutions involved in highly specialized research. An authorization is required from the Minister of National Health and Welfare before such a drug may be sold.

Veterinary Drugs

Drugs listed in Part I of Schedule F to the Food and Drug Regulations may be sold only on prescription, whether for human or veterinary use. A prescription is not required for drugs listed in Part II, provided they are in a form that can only be used for animals or are labelled (for veterinary use only).

Drug residues in food

Such residues can have serious health consequences in terms of toxicity and allergic responses in sensitive individuals. To minimize this risk, the labels of veterinary drugs used in food-producing animals must specify the withdrawal period, i.e. the time between the last treatment of the drug and the use of the animal for food, either for meat or the collection of milk or eggs. This period must elapse to ensure that residues of the drugs have been eliminated from any edible products derived from the animal. Any antibiotic that leaves traces in the milk of lactating cattle longer than 96 hours after administration must not be used for their treatment.

Medicated animal feeds

The regulation of these commodities is shared between Health Protection Branch and Agriculture Canada. Information on the use of medicated animal feeds is contained in Agriculture Canada's Compendium of Medicating Ingredients brochures, which specifies drugs, dosages, indications and conditions of use applicable to the manufacture and sale of registered medicated feeds. Only drugs that comply with the Food and Drugs Act and are listed in the Compendium are eligible for registration by Agriculture Canada.

Bibliography

Food and Drugs Act and Regulations, with Amendments.

Health and Welfare Canada, 1974. Investigation of use and reason for use of nonprescription drugs. Report D. National Purchase Diary. C. H. and Z Limited, Toronto.

Narcotic Control Act and Regulations, with Amendments.

Material available from the Health Protection Branch, Drugs Directorate, Publications:

Cosmetic Safety and the Consumer – Dispatch No. 40

Food and Drug Interactions – Dispatch No. 50

Drug Interactions – Dispatch No. 56

Analgesics – Dispatch No. 59

Chapter 3

Record Keeping and the Prescription

Prescriptions for all Schedule drugs must be retained by a pharmacist for a minimum of two years. A verbal prescription must be recorded in writing and the pharmacist must be satisfied that the source of the verbal order is legitimate.

Prescriptions for Schedule drugs must include the following information:

- date and number of prescription;
- name and address of person for whom the prescription is written;
- name and quantity of drug specified by the practitioner;
- name of person dispensing the prescription and name of the practitioner who prescribed it;
- directions for use given with the prescription, including the number of times, if any, it can be refilled.

Refills are only permitted on the authorization of a practitioner. Each time a prescription is refilled, the following information must be recorded on the original prescription or in a suitable patient record system:

- quantity of drug dispensed,
- date of refill,
- name of the person dispensing the prescription.

A narcotic prescription may not be refilled – a new and separate prescription from a practitioner is required.

Bibliography

Food and Drugs Act and Regulations, with Amendments (Sections C.01.041 – C.01.042).

Narcotic Control Act and Regulations, with Amendments.

Chapter 4

New Drugs

Any drug that has not been sold in Canada for sufficient time and in sufficient quantity to establish its safety and effectiveness under use or conditions for use recommended is defined as a new drug in the Regulations.

Research

It has been estimated that chemists create or isolate up to 5000 chemical substances to arrive at one new marketable drug. After isolation and purification, a new compound will be administered both to tissue cultures and to a variety of small animals to see whether there are significant physiological or behavioural changes (whole animals) or morphological or biochemical changes in many bodily organs. This indicates that the drug is pharmacologically active and may thus be useful in reversing pathophysiology of diseased states in man or animal. If promising results are obtained for the compound, a whole variety of animal and in vitro tests are completed, including mutagenicity testing, carcinogenicity assays, reproductive studies and effects on the immune system.

Preclinical Testing

Preclinical animal studies

Initially, the nontoxic to lethal dosage ranges of the compound are determined in tests conducted on non-diseased animals of at least three mammalian species (one must be a non-rodent). If the substance seems to possess potentially valuable pharmacological activity, coupled with an acceptable amount of toxicity, the manufacturer may then apply to the HPB for permission to conduct a clinical (i.e. human) pharmacology trial by a qualified investigator.

Clinical pharmacology trial

The compound is administered to healthy human volunteers, building gradually to the predicted effective dose to determine kinetics in man, tolerance and prevalence of adverse effects. At the same time, the manufacturer is assessing the requirements for large-scale production of the compound.

Production methods and quality control procedures must be designed to ensure a relatively pure compound essentially free of contamination and uniform with respect to all quality aspects. The compound must be stable in its dosage form for a reasonable period of time to permit a time-specific clinical investigation to proceed. If any of these factors are unfavourable, measures must be taken to improve them before the compound progresses to clinical trials.

Clinical Trials

The manufacturer files a preclinical new drug submission with the Drugs Directorate requesting permission to distribute the drug to named, qualified investigators, for more extensive clinical testing in patients, to determine the new drug's tolerated dosage, effectiveness and safety for humans or, in the case of veterinary drugs, for animals.

The information submitted must include testing on humans or animals done up to this time. In the case of a veterinary drug, data must be available to establish that the administration of the drug as recommended will not result in harmful drug residues in food products obtained from treated animals.

In addition, since the method of manufacture may affect the efficacy and safety of a drug, information on the manufacturing methods, standards and stability of the drug substance and dosage form must be presented so that the product that may eventually be sold to the public has the same composition as that determined to be effective and safe in the clinical trials.

The investigator is subject to comprehensive regulations because, at this point, testing is being carried out on persons or animals with the disease state or condition that the compound is expected to treat; the results usually compare the new drug with other drugs or older methods of treatment used for the same condition. In many studies a placebo is included in the design to reduce bias. If clinical studies prove that the new drug has therapeutic value, the manufacturer may then file a new drug submission.

The New Drug Submission

Before marketing a new drug, a manufacturer must file a New Drug Submission with the Branch and receive a Notice of Compliance.

The new drug submission contains virtually all information known about the drug and results of preclinical and clinical studies at

several dose strengths and a variety of dosage forms. Information about the drug substance includes its proper name, chemical name(s), details of the method of manufacturing and purification; and its physicochemical, biological, pharmacological, pharmacodynamic, pharmacokinetic and toxicological properties. Information about the dosage form includes quantitative listing of all ingredients used in the formulation, its method of manufacture, packaging, labelling, results of stability tests, therapeutic claims, side effects, as well as details of clinical studies to support the safety and efficacy of the drug. Submissions range in size from a few pages to several hundred volumes. Samples of the market-ready form of the new drug are also received with the submission for possible analytical testing.

Radiopharmaceuticals

Due to the unique nature of radiopharmaceuticals and kits for the preparation of radiopharmaceuticals, review of preclinical and new drug submissions as well as drug status submissions are the responsibility of the Bureau of Radiation and Medical Devices, Environmental Health Directorate.

Review and Evaluation

All aspects of the submission are critically reviewed by multidisciplinary teams of the Drugs Directorate. The final reviews deal with the wording of the product monograph, which provides all information on the drug and complete prescribing instructions for physicians. When the new drug submission is found satisfactory, the labels are examined and a Notice of Compliance is issued permitting the manufacturer to sell the product.

Marketing Controls

Once a new drug is on the market, controls do not cease. It may remain in new drug status for a number of years until the Drugs Directorate is confident that sufficient information on safety and efficacy has been accumulated from its general use to release it from the rigid controls that are applied to all new drugs. The manufacturer must report any new information received concerning serious side effects including failure on the part of the drug to produce its desired effect. On request, the manufacturer is required to notify the Drugs Directorate about any animal tests that have provided new safety information. A Notice of Compliance for a new drug can be suspended; under these circumstances the drug can be removed from the market if it is in the interest of public health.

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Food and Drug Regulations, with Amendments. (Section C.08.001).

Health and Welfare Canada, 1984. Chemistry and Manufacturing Guidelines for Preclinical New Drug Submissions (available from Health Protection Branch, Drugs Directorate, Bureau of Human Prescription Drugs).

Health and Welfare Canada, 1985. Guidelines for the Preparation of Drug Submissions on Schedule C Drugs 85-EHD-122 (available from Environmental Health Directorate, Bureau of Radiation and Medical Devices).

Chapter 5

Drug Standards

What Is a Standard?

A "typical" standard may include a physical and chemical description of the drug, a description of procedures for identification, the permitted pH range, tests for heavy metals, pyrogen and sterility requirements for parenteral preparations, assay methods and procedures, packaging and storage requirements, and any special label instructions for the user of the drug.

Most single-ingredient drugs are manufactured to standards contained in the publications listed in Schedule B to the Food and Drugs Act:

Pharmacopée Française (Ph.F)
Pharmacopoeia Internationalis (Ph.I.)
British Pharmacopoeia (B.P.)
The Pharmacopoeia of the United States of America (U.S.P.)
The Canadian Formulary (C.F.)
The British Pharmaceutical Codex (B.P.C.)
The National Formulary (N.F.)

For some special single-ingredient drugs specific requirements are set out in the Regulations.

Drugs listed in Schedule B publications mentioned above, or in the Regulations, are known as official drugs.

A manufacturer's standard ("house" standard) may be used by a manufacturer for any drug listed in Schedule B publications so long as the most stringent criteria set out for purity and potency in these publications are met.

A professed standard applies to any drug for which there is no standard in the Regulations or in any Schedule B publication. Such standards are necessary for some single-ingredient products including

new drugs, and for most multiple-ingredient products. Many raw material components must meet pharmacopoeial standards, but the final product must meet the standard established by the manufacturer, and acceptable to the Branch.

Some Legislated Drug Specifications

- Compressed tablets, except enteric coated tablets, that are intended to be swallowed whole must disintegrate within 60 minutes, under specified test conditions. This requirement is designed to ensure that the tablet will not pass whole through the digestive system.
- Enteric coated tablets are formulated to release their ingredients in the upper small intestine after passing intact through the stomach. A test ensures that they do not disintegrate in an acid medium such as is found in the stomach, but do so within 60 subsequent minutes in an alkaline medium similar to that of the upper small intestine.
- Safety factors such as sterility and the absence of pyrogens must be assured in parenteral drugs.

Chapter 6

Advertising/Labelling/ Packaging

No person shall label, package, treat, process, sell or advertise any drug in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety.

(Subsection 9(1) Food and Drugs Act)

Labelling

The label of a drug product is one of the most important sources of drug information available to the consumer and health professional.

In addition to the commonly understood meaning of "label", any literature accompanying or belonging to a particular drug product is considered to be labelling material. An inner label is that on an immediate container; an outer label is that on the outside of a drug package.

Basic information must appear on the label:

- proper name of a drug or if there is no proper name, the common name;
- name and address of the manufacturer or distributor of the drug;
- lot number (a means by which a drug can be traced in manufacture and identified in distribution);
- quantitative list of medicinal ingredients by their proper or common names;
- DIN or GP number assigned to the drug (see Chapter 8); radiopharmaceuticals are exempted;
- expiration date for certain specified types of products and for all others that do not maintain potency, purity and physical characteristics for at least three years from date of manufacture;

- net content (on outer label or if there is only one label, on that label);
- adequate directions to promote the wise use of the drug (e.g. purpose and dosage of drug, route of administration, cautions, warnings, contraindications);
- standard to which the drug is manufactured (see Chapter 5).

If there is insufficient space on the label to carry all the required information, some of it may be supplied on a package insert. The label should refer to the inclusion of a package insert.

Proper name

This is the name assigned the drug in publications listed in Schedule B to the Food and Drugs Act or in the Regulations. The proper name usually differs from the chemical name, e.g. acetaminophen is the proper name for N-acetyl-p-aminophenol.

Recommended dosage

To ensure safe and effective use of a drug, all labels must carry a recommended single or daily dosage or dosage range. For some nonprescription drugs this dosage is limited by legislation and may only be exceeded if the label states that a physician should be consulted; a reduced dosage must be stated when these drugs are recommended for children. (See Limit Dose Drugs).

Net content

This is the net amount of the drug in terms of weight, measure or number. When ASA is in a dosage form recommended only for children, the package may not contain more than 24 single-doses.

Language of labelling

Directions for use must be in both French and English if the drug is available for sale without prescription in an open self-selection area.

Children and label precautions

Codeine-containing compounds sold without a prescription must carry the warning not to administer to children except on the advice of a physician.

ASA and acetaminophen must carry the following warnings on the label:

- that it should not be administered to a child under two years except on the advice of a physician;
- that it must be kept out of the reach of children;
- that a package containing more than 2 g of ASA or acetaminophen must carry a statement that there is enough drug in the package to seriously harm a child;

- these last two statements must be preceded by a conspicuous symbol such as a red octagon on a white background.

ASA manufacturers have been asked to include a label warning on nonprescription ASA products to the effect that a physician should be consulted before giving such products to children or teenagers with symptoms of flu or chicken pox because of the association with Reye's Syndrome, a rare but serious illness.

A package containing more than 250 mg of iron must carry warning statements that the package must be kept out of the reach of children and that there is enough drug in the package to seriously harm a child; these statements must be preceded by a conspicuous symbol such as a red octagon on a white background.

Preparations containing boric acid or sodium borate must caution against administration to a child under the age of three years.

Child-resistant packaging

In order to reduce the incidence of accidental drug ingestion by children, certain products require a child-resistant package (CRP). These are products containing salicylic acid, its salts and salicylamide; ASA, its salts and derivatives; acetaminophen; liquid preparations containing more than 5% methyl salicylate; and preparations containing more than 250 mg of iron per package. When one of these drugs is recommended solely for children, it must be packaged in a CRP. When the drug is not recommended solely for children, at least one package size must have a child resistant package and all other package sizes must carry a statement on the label that the drug is also available in a child resistant package.

Disposable pressurized containers

The label must call attention to the potential hazards inherent in this type of packaging. The statements "container may explode if heated" and "contents under pressure" as well as precautionary statements with regard to the handling of these containers must appear on the label. This symbol accompanied by the word "Caution" must appear on the main panel.

If the contents are flammable then a statement referring to this must appear on the label along with the appropriate symbol designating the degree of flammability, e.g.:

Radiopharmaceuticals

Special outer label requirements for radiopharmaceuticals include a licence number (see Chapter 10), a radiation warning symbol (☢), and the statement "caution – radioactive material." The licence number is also required on the outer label of kits for the preparation of radiopharmaceuticals.

Storage instructions are necessary to

- maintain the potency and to prevent degradation of ingredients,
- protect the user from dangers inherent in the packaging, as in the case of the aerosol container. For example: – "Store at room temperature" and – "Keep refrigerated."

Vitamins and minerals

- When certain disease states or deficiencies require a high intake of specified vitamins and minerals, products are permitted to contain more than the maximum level of the nutrient specified in the vitamin and mineral regulations for most nonprescription drugs. Such products must be clearly labelled "for therapeutic use only" and should be used only on the advice of a physician.
- Labels of all vitamin preparations must carry an expiry date.

Veterinary drugs

- Labels of drugs listed in Part II of Schedule F to the Food and Drug Regulations when sold without a prescription for use in animals must say "for agricultural use only" or "for veterinary use only."
- Labels of veterinary drugs that create a residue when used in food-producing animals must state the withdrawal period for the drug. This direction ensures that proper use of the drug results in no harmful residue in food derived from treated animals. (See Chapter 2)

Schedule A diseases

Claims for Schedule A diseases (Appendix I) may not be made on the label except where it is necessary for the safe use of a parenteral (e.g. insulin) or a prescription drug.

Label monitoring

The Drugs Directorate conducts an ongoing monitoring program to assess the manufacturer's compliance with labelling regulations.

Labels of drugs sold on prescription

Provincial legislation usually specifies what must appear on the label of a drug that is sold on prescription. Those involved in prescribing and dispensing the drug are expected to provide the necessary guidance and warnings so that the drug is properly taken. This information may be communicated by the pharmacist and physician verbally and/or in written form.

Advertising

For the following classes of drugs, professional advice is required for the proper diagnosis and treatment of a disease or condition, or for the administration of the drug. Thus advertising to the general public is prohibited for:

- narcotic drugs;
- controlled drugs;
- drugs in Part I of Schedule F to the Regulations, i.e. prescription drugs for human use (except for name, price and quantity);
- nonprescription drugs that have limits for recommended dosages (Limit Dose Drugs) when these limits are exceeded, e.g. ASA in amounts greater than 650 mg/single dose or 4.0 g/day (except for name, price and quantity);

- drugs for treatment of Schedule A diseases (Appendix I);
- vitamins labelled "for therapeutic use only" (except for name, price and quantity);
- minerals labelled "for therapeutic use only" (except for name, price and quantity).

Health professionals and drug advertising

The above restrictions have been developed for the protection of the lay public. They do not apply to advertising directed to health professionals. Such factors as new developments in the field of medicine and treatments for Schedule A diseases are valuable to medical practitioners and of assistance to them in assessing the risk/benefit ratio of treatments.

False, misleading or deceptive advertising

"...false, misleading or deceptive or is likely to create an erroneous impression..."

Subsection 9(1) Food and Drugs Act

The above is interpreted to be advertising that

- contradicts current medical or scientific knowledge,
- cannot be supported by clinically valid and statistically reliable data,
- contains confusing or misleading words and phrases,
- gives an overall inaccurate impression.

Some words that may be misleading:

- natural, natural source, natural action
  few drugs are so devoid of processing as to justify the description "natural"; drugs of vegetable origin obtained with minimum processing may be described as "natural source"; "natural action" should not be used as all drugs act by artificially stimulating or assisting bodily functions.
- organic
  has no meaning, as many drugs may be defined chemically as organic compounds.

Some unacceptable promotion methods:

- product endorsements
  including professional endorsements, quotations from the media and seals or certificates of approval.
- comparisons
  these are often incomplete in that they frequently highlight only the advantages of the advertised product and the disadvantages of the competitor's product; they often emphasize product differences that have little or no significance.
- negative statements
  to say a particular product is non-toxic implies that comparable products may be toxic.

- scientific or technical references
  the consuming public does not generally have sufficient expertise to assess the validity of such references.

Children and drug advertising

Drug advertising should not be directed towards children, as this may encourage unsupervised use of drugs by children and could establish drug-taking habits early in life. Therefore, drug advertisements such as the following are unacceptable:

- those that portray children discussing drug products or requesting a certain drug;
- those that place more stress on a premium being offered than on the health reason for taking a drug;
- those that exaggerate aspects of a product that would appeal to children, e.g. by portraying drug taking as fun or grown-up;
- those that promote children's drug products by using nationally known persons or characters, e.g. cartoon characters, in the direct presentation of the product.

Preclearance of advertising

All drug advertisements presented on radio and television must be precleared by the Drugs Directorate. This requirement originates with the Broadcasting Regulations administered by the Canadian Radio-Television and Telecommunications Commission.

Advertisements directed to the general public and appearing in newspapers, magazines, and direct mail pieces are not subject to preclearance. They are, however, monitored on a continuing basis and are subject to the same type of legislative controls as are commercials used for broadcast. Manufacturers may seek the Directorate's opinion on print advertising material before it is used.

Advertisements directed to health professions in Canadian journals and direct mail pieces are subject to preclearance by the Pharmaceutical Advertising Advisory Board (PAAB), a non-governmental Board with representation from various professional and manufacturers' associations. The Health Protection Branch is consulted in an advisory capacity. Although the Branch is in agreement with the objectives of this outside Board, the Branch maintains the right under law to disagree with material directed to the health professions in Canada and to take appropriate action.

Packaging

Package requirements are derived in response to the various chemical and physical characteristics of the products they contain. Packages are designed to maintain the potency and purity of a drug for as long as possible. The package itself must not interact with the drug chemically.

Some examples of specialized drug packaging:

- A light-resistant container is needed for phenothiazine tranquilizers because light reduces their potency and shelf life.
- A glass container is needed for nitroglycerin tablets, as the potency of these tablets will diminish if stored in a semiporous plastic container.
- Child-resistant packaging
- Security packaging

Bibliography

Food and Drug Regulations with Amendments. (Sections C.01.003-C.01.005).

Guide to Consumer Drug Advertising. (Catalogue No. H42-2/3-1984).

Guide for the labelling of drugs for human use. (Catalogue No. H42-2/2-1983).

These publications are available from:

Supply and Services Canada
Canadian Government Publishing Centre
Ottawa, Canada
K1A 0S9

Chapter 7

Good Manufacturing Practices

Meticulous care is required in all phases of the production of drugs for sale in Canada. The government provides legislation that establishes minimum conditions under which drugs should be produced. Guidance on one way of complying with this legislation has been published.

Premises

Buildings should have features that prevent hazards that might affect the quality of the drugs produced therein. These features include suitable environmental conditions, the promotion of good sanitary practices, allowance for adequate cleaning and sanitation, and minimizing the possible contamination of a drug during its production.

Equipment

Equipment should prevent drugs from being contaminated during production from either poor maintenance, misuse or other foreign matter.

Personnel

People are the most important element of any pharmaceutical operation. They should have the right attitude and training to do their job and be supervised in the manufacturing and quality control departments by university graduates or equivalent who have had practical experience in their responsibility area.

Sanitation

A comprehensive sanitation program is essential so that drugs are produced in a plant that maintains a high degree of cleanliness. Employees should always be dressed in suitable clothing, follow good hygienic practices and be subject to a health examination after a prolonged absence from work due to illness.

Raw Materials

Substances that are used in the production of a drug product must always be tested to an acceptable standard before use and subject to retesting if likely to change on storage.

Manufacturing Control

Controls must be exercised during every stage of production to ensure the purity of the drug product from the moment the various raw materials enter the plant until the time the product is released for sale. These controls, at each step of the production process, are the building blocks upon which the quality of the drug product rests. When drugs are produced outside the manufacturer's direct control he must ensure his supplier meets the same high standards. Should these controls for some reason fail, the manufacturer must be able to recall the defective drug effectively and rapidly.

Quality Control

All steps in the production of a drug must be independently approved and audited by professional personnel in the Quality Control Department. It is the responsibility of this group to ensure that all components of the drug product are tested and approved before they are used, and the resulting drug product tested before sale. The combination of the manufacturing and quality controls is often described as Quality Assurance.

Packaging Material Testing

All materials that come in contact with the drug product and all labels must be either tested or examined before being used.

Finished Product Testing

To complement the controls exercised during production, each batch of drug product must undergo "in vitro" testing before it is released for sale. Examples of test requirements are identity, potency,

purity, disintegration plus others in the specification for the drug. In the case of drugs for parenteral use, process validation is also a means to ensure the sterility of the drug in its final container.

Records

Records of all procedures and tests are retained so that a complete history of the production of each lot or batch of a drug product is available for review. These records must be retained for a period of time that exceeds the time that the drug product is sold.

Samples

The manufacturer must retain a sample of each batch of drug produced for a specified period of time.

Stability

Every manufacturer must establish a program to determine how long each drug sold retains its potency and in specific instances add an expiry date to the label.

Sterile Products

Drug products which must be sterile when used require additional precautions during their production and extra controls to ensure they do not become contaminated.

Bibliography

Food and Drug Regulations with Amendments. Good Manufacturing Practices Division. (C.02.001 – C.02.030).

Good Manufacturing Practices for Drug Manufacturers and Importers. Catalogue No. H42 – 2/1 1985.

May be purchased from:

Supply and Services Canada
Canadian Government Publishing Centre
Ottawa, Canada
K1A 0S9

Chapter 8

Drug Safety and Quality

The Drug Identification Number (DIN/GP)

To facilitate its monitoring programs, the Health Protection Branch must be able to identify all marketed drugs quickly. Before a drug can be sold, a manufacturer or importer must apply for and obtain a drug identification number from the Branch. Based on the data provided, the Branch maintains files which include the following information about every product on the market:

- names and addresses of persons or firms that appear on the label;
- name of the drug;
- use or purpose for which the drug is recommended;
- quantitative list of medicinal ingredients, i.e. active ingredients;
- copies of all labelling;
- pharmaceutical form, i.e. capsule, powder, liquid, etc.;
- recommended dosage;
- recommended route of administration;
- quantitative list of colouring agents.

Five characteristics are used to generate the six-digit drug identification number: the manufacturer, active ingredient(s), strength(s) of active ingredient(s), route(s) of administration and pharmaceutical form. This number provides the Branch with an inventory of all drugs on the Canadian market. It is prefixed by "GP" in the case of proprietary medicines and "DIN" for all other drugs.

If a manufacturer has two or more products identical in the five characteristics but differing in brand name or in non-medicinal ingredients (e.g. colour), the products would have the same DIN. There are more than 17 000 drug products on record as being sold in Canada.

Who uses the DIN/GP?

- Health Protection Branch,
- provincial governments,
- health insurance companies,
- health professional associations,
- poison control information and treatment centres,
- hospitals and universities,
- drug manufacturers,
- pharmacies.

The Branch relies on the information in applications for DIN/GP for planning and scheduling, and in emergency situations requiring rapid identification of the product.

Since the distribution of radiopharmaceuticals is more closely controlled and so specialized, they are exempt from DIN requirements.

The Inspection

Under the Food and Drugs Act an inspector from HPB's Field Operations Directorate has the authority to enter and inspect a place where drugs are manufactured or stored. His or her task is to monitor compliance with the Act and Regulations. Advice and guidance in interpretation of the legislation will be offered as needed. The inspector is a trained professional, with qualifications similar to those of persons in charge of quality control in the plant.

When inspecting a plant, the inspector observes production procedures from receipt of components into the plant until the product is in a form ready for distribution. Samples of products may be taken for subsequent examination.

At the end of the inspection, which usually takes several days, the inspector meets with the manufacturer to discuss the findings and indicates any deficiencies requiring immediate attention.

Most drug manufacturers and distributors comply with the legislation. Thus, the Branch's basic philosophy is one of "voluntary compliance." As a result, when a violation is encountered, and the matter is not serious, the manufacturer or distributor may be given the opportunity to correct the defect, with periodic monitoring by the Branch's field inspectors. This is often the only action required.

However, when, in the judgment of the Branch, a given situation is a serious one, or after repeated less serious matters have come to the attention of the Branch, it may and does initiate prosecution procedures.

An inspector also has the power to seize products in violation or suspected to be in violation of legislation. A seizure may be made at the manufacturing, distributing, or retail level and may occur for various reasons, e.g. failure of the drug to meet its standard, lack of sterility, labelling infractions, unsanitary storage conditions.

Analytical Programs

The Branch regional offices in Scarborough, Longueuil and Burnaby are equipped with a drug laboratory for testing of marketed drugs. Drugs are tested annually in these laboratories, which have fully qualified staffs comprising chemists, pharmaceutical chemists, microbiologists and technologists. A drug's identity, potency, content uniformity, purity, sterility, dissolution rate and disintegration time can be determined in these facilities.

Specialized facilities for national monitoring are located in the Ontario and Quebec regional laboratories. These units, the Drug Quality Monitoring Laboratories, are equipped for the automated determination of potency and content uniformity.

Which drugs are analyzed?

- Drugs obtained as part of ongoing national monitoring surveys that help to assess the quality of drug products on the Canadian market.
- Drugs (usually controlled, narcotic or restricted drugs) obtained from illicit channels and submitted by law enforcement agencies for identification (Drug Identification Service).
- Drugs whose quality is questioned by external sources, e.g. general public, professional groups.
- Drugs obtained during an inspection, to ensure their compliance with the Act and Regulations.

Imported Drugs

About 18 percent of the drug products sold in Canada are imported. An importer must maintain comprehensive information to show that the imported drugs are manufactured to specifications and under conditions that meet Canadian requirements. In addition, the following are required:

- The name and address of the drug importer must appear on the label (except for Schedules C and D drugs, where this must appear on the licence application).
- Premises that manufacture Schedules C and D drugs (e.g. insulin, sera, vaccines, radiopharmaceuticals) must be inspected by Health Protection Branch inspectors and licensed before the drug can be imported.

To monitor the technical and scientific competence of foreign pharmaceutical firms and to provide for prompt communication on potential hazards, the Health Protection Branch exchanges information with agencies in other countries, e.g. U.S. Food and Drug Administration.

Imported drugs may be detained or refused entry at the time of importation. If the product defect cannot be corrected, the drugs are denied entry; if the defect can be corrected, the importer may be permitted to receive the shipment on condition that correction be made within a specified time.

Recalls

Drug manufacturers may receive information concerning product defects from a variety of sources, including the Health Protection Branch. As a result, the manufacturer may initiate or be requested to initiate a product recall. Detailed information relating to the defect and the extent of the recall (distributor or retail level) must be supplied to the Branch. The Branch uses this information and information from other sources in deciding whether the product defect represents a serious health hazard. If there is a threat to the safety of the consumer, a public alert will be issued through the media.

In cooperation with the provincial and municipal health agencies and with industry associations, the Branch has established a National Emergency Recall Plan to deal with widespread health hazards to the general public. For example, if a commonly used nonprescription drug was contaminated with strychnine, the Plan would enable the Branch to mobilize many people at different levels of government (federal, provincial and municipal) to correct the problem. A public alert would also be issued. So far, the Plan has never been implemented in the recall of a drug. Recalls of drugs in the past have not necessitated such mobilization of manpower.

Drugs for Export

Canada participates in the World Health Organization's Certification Scheme for pharmaceutical products moving in international commerce. This program provides information to the importing nation on the quality of drugs manufactured in Canada.

Drug Quality Assessment Program (QUAD)

The QUAD program was initiated in 1971 to provide pharmacists, physicians, dentists and other health professionals and purchasing agencies with information about the quality of drugs on the Canadian market. This information is based on the inspection reports and the analyses performed in the regional laboratories.

The program includes nearly 5 000 products, representing over 800 substances manufactured by about 200 firms. Approximately 1 000 of these products are analyzed each year.

Information is now provided on a regular basis to provincial and territorial departments of health and hospital drug purchasing groups.

Complaints and Investigations

Investigations are conducted in response to complaints received from various sources outside the Branch; the primary sources are consumers, health professionals and companies. The investigation begins by determining how the product has been used and handled by the individual or institution raising the concern. If user error is eliminated as a possible cause, the investigation proceeds to the level of the manufacturer and, where indicated, samples of the drug are analysed in the Branch's laboratories.

Product complaints should be directed to the nearest regional or district office of the Health Protection Branch.

Drug Adverse Reaction Program

The Canadian Drug Adverse Reaction Program was initiated in 1965. This voluntary program seeks:

- to assist the Health Protection Branch in the early detection of adverse drug effects;
- to advise the Branch on drug labelling and advertising with respect to warnings, contraindications, precautions and adverse effects;
- to inform practitioners of the types and, where possible, the incidence of adverse reactions to drugs;
- to contribute information to the Adverse Reaction Program of the World Health Organization.

The Branch has developed a simple reporting form (Appendix II), which is available on request to the health professions. All reports are handled in strictest confidence. More than 6 000 reports are submitted annually by physicians, nurses, pharmacists and drug manufacturers.

When a potential problem is identified, the manufacturer(s) is (are) advised. Changes can include such things as amendments to prescribing information or labelling. If warranted, the drug may be withdrawn from the market. Health professionals may be informed of the change by the manufacturer or by the Branch.

Poison Control Program

When this program began in 1957, poison control centres were located in pediatric hospitals because most poisoning cases at that time involved children. Since then, however, the character of the poisoning problem has shifted. The number of adults and adolescents being poisoned has increased. Approximately 100 000 reports are received annually. The types of drugs and drug combinations have changed, with more adult poisoning deaths attributed to the use of multiple products (taking excessive amounts of more than one type of drug) and more

poisonings with tranquilizers among persons five years of age and older. Also, while the number of accidental poisonings seems to be levelling off, the number of intentional poisonings is increasing.

Today, there are more than 300 poison control centres coordinated in a national network. The centres are under the direction of the provincial departments of health, but the collection, coordination and dissemination of information to the centres is handled by the Health Protection Branch.

Statistics on poisoning cases reported by the centres are computerized and appear annually in Poison Control Program Statistics, a Health Protection Branch publication. These statistics assist the Branch in determining which products need to be more carefully controlled through measures such as ingredient changes, child-resistant packaging and improvements in labels and warnings.

The Branch has also published a booklet, Emergency Treatment of Poisoning. This publication is available to poison control centres and health professionals.

Most telephone directories list an emergency poison control centre number where health professionals and the general public can report a poisoning and obtain immediate advice on what measures to take.

Bibliography

Health and Welfare Canada:

Canadian Drug Identification Code, Cat. No. H42-1-1-1985.

Good Manufacturing Practices for Drug Manufacturers and Importers, Cat. No. H42-2-1-1982. (Both available from Supply and Services Canada, Canadian Government Publishing Centre, Ottawa, Canada, K1A 0S9)

Material available from the Health Protection Branch:

Emergency Treatment of Poisoning, 1985. (Laboratory Centre for Disease Control, Bureau of Epidemiology, Product Related Disease Division).

Guide for Preparation of Plant Master Files and Imported Drug Submissions, 1974. (Drugs Directorate, Bureau of Drug Quality).

HPB Information Letter No. 661, Product Recall Procedures, 1984. (Field Operations Directorate, Bureau of Field Operations).

How to Lodge a Complaint Effectively – leaflet – Field Operations Directorate, Bureau of Field Operations.

Poison Control Program Statistics, 1985. (Laboratory Centre for Disease Control, Bureau of Epidemiology).

Protection is our Middle Name – leaflet – Field Operations Directorate, Bureau of Field Operations.

Chapter 9

Biologics, Radiopharmaceuticals

Biologics

Drugs listed in Schedule D to the Food and Drugs Act are subject to especially rigorous controls. The list includes vaccines, blood derivatives, certain hormones and enzymes extracted from animal tissues or cultures of microorganisms and also drugs produced by modern biotechnology. Since manufacturing of these products is intricate and critical to the final product, the premises in which they are manufactured must be inspected and licensed by the Bureau of Biologics before they can be sold in Canada. The Bureau has its own laboratories and routinely tests virtually every lot of every licensed product before permitting them to be distributed for sale.

The regulatory requirements for drugs listed in Schedule D exceed those for other products and constitute the most rigorous of controls on safety and effectiveness of all drugs in Canada.

A drug listed in Schedule D may also be listed in Schedule F to the Regulations. The first schedule regulates how the drug is manufactured; the latter schedule requires that it can be made available to the general public only on prescription.

Radiopharmaceuticals

These drugs, listed in Schedule C to the Act, emit alpha, beta or electromagnetic radiations. Also included in Schedule C are kits for the preparation of radiopharmaceuticals. Radiopharmaceuticals are used primarily for diagnostic procedures and cancer therapy. Because they are radioactive, careful and exact controls must be implemented in

their manufacture and distribution. Thus the same requirements for licensing Schedule D drugs (above) apply also to these drugs.

The Bureau of Radiation and Medical Devices, Environmental Health Directorate, inspects plants where Schedule C drugs are produced, reviews new drug submissions and issues the necessary licences. The Bureau has its own laboratories for conducting analyses and research on these drugs. The Bureau of Radiation and Medical Devices also acts as principal health advisor to the Atomic Energy Control Board, the agency that controls the use of radioactive materials including radiopharmaceuticals.

Bibliography

Food and Drug Regulations with Amendments.
(Schedule C – Division 3 and Schedule D – Division 4).

Chapter 10

Controlled, Narcotic and Restricted Drugs

Controlled drugs listed in Schedule G and restricted drugs listed in Schedule H to the Food and Drugs Act, as well as narcotic drugs listed in the Schedule to the Narcotic Control Act (may) have habit-forming properties and are subject to abuse. It is an offence to possess any of these drugs for the purpose of trafficking; moreover, the simple possession of narcotic or restricted drugs for reasons other than those permitted by the Narcotic Control Act or the Food and Drugs Act is also an offence.

To prevent the flow of these drugs from legal to illegal sources, additional controls are imposed on their manufacture, distribution and sale.

Licensed Dealers

Only dealers licensed by the Department may manufacture, import or export these drugs; the licensed dealer must maintain detailed records of all transactions for a minimum of two years.

Record Keeping

Records must account for:

- all drugs received, their source, date received;
- all drugs supplied, to whom, date shipped;
- all drugs manufactured, quantity produced, date;
- monthly inventory of all stock on hand.

Pharmacists and practitioners must also maintain similar detailed records on all their transactions with controlled and narcotic drugs.

Auditing the Records

Inspectors from the Bureau of Dangerous Drugs, Drugs Directorate, audit the records of licensed dealers, pharmacists, practitioners and hospitals.

Sale of Narcotic and Controlled Drugs by the Licensed Dealers

Subject to further restrictions for methadone and heroin, a licensed dealer may sell these drugs only to another licensed dealer, pharmacist, practitioner, hospital, Regional Director of the Health Protection Branch, or a person authorized by the Minister of the Department of National Health and Welfare to be in possession of such drugs.

Import and Export Controls

For each shipment of these drugs imported to and exported from Canada, a licensed dealer requires a permit that states the source, exact quantities and destination of the shipment and the port of entry or exit.

Single Convention on Narcotic Drugs

The Bureau of Dangerous Drugs maintains a liaison and cooperates with international drug enforcement agencies and foreign government units in areas of mutual interest. It provides quarterly and annual reports and statistics to the International Narcotics Control Board, as required under the 1961 Single Convention on Narcotic Drugs (United Nations).

Convention on Psychotropic Drugs

Canada acceded to the U.N. Convention on Psychotropic Substances in June 1987. Accession to the Convention will strengthen the international efforts to combat trafficking in abusive drugs and substances. The Convention will be implemented in a phased-in manner starting with legislative/regulatory amendments followed by extension of departmental programs to carry out the mandate of the Convention.

Chapter 11

Health Protection Branch

All programs of the Health Protection Branch are ultimately directed towards ensuring that the products for which it is responsible are safe and effective when used by the consumer.

To aid the Branch in informing Canadians about food and drug laws and Branch activities, a variety of publications are available from headquarters or from the five regional offices below.

REGIONAL OFFICES

Health Protection Branch
3155 Willingdon Green
BURNABY, B.C.
V5G 4P2

Health Protection Branch
510 Lagimodière Blvd.
WINNIPEG, Manitoba
R2J 3Y1

Health Protection Branch
2301 Midland Avenue
SCARBOROUGH, Ontario
M1P 4R7

Health Protection Branch
1001 St. Laurent Blvd. West
LONGUEUIL, Québec
J4K 1C7

Health Protection Branch
Ralston Building
1557 Hollis Street
HALIFAX, N.S.
B3J 1V5

Appendix I

Schedule A

No person shall advertise any food, drug, cosmetic or device to the general public as a treatment, preventative or cure for any of the diseases, disorders of abnormal physical states mentioned in Schedule A. (Subsection 3(1) Food and Drugs Act)

Schedule A, reproduced below, was enacted to prevent advertising claims directed to the general public for serious diseases, disorders or abnormal physical states, which can only be diagnosed and treated by a medical practitioner, and for diseases with no known cures:

Alcoholism
Alopecia
Anxiety state
Appendicitis
Arteriosclerosis
Arthritis
Bladder disease
Cancer
Convulsions
Depression
Diabetes
Disease of the prostate
Disorder of menstrual flow
Dysentery
Edematous state
Epilepsy
Gall bladder disease
Gangrene
Glaucoma
Gout
Heart disease
Hernia
Hypertension
Hypotension
Impetigo
Influenza
Kidney disease
Leukemia
Liver disease
Nausea and vomiting of pregnancy
Obesity
Pleurisy
Pneumonia
Poliomyelitis
Rheumatic fever
Scabies
Septicemia
Sexual impotence
Tetanus
Thrombotic and embolic disorders
Thyroid disease
Tuberculosis
Tumour
Ulcer of the gastrointestinal tract
Vaginitis
Venereal disease

Appendix II

Health and Welfare Canada Santé et Bien-être social Canada

REPORT OF AN ADVERSE REACTION OR EVENT SUSPECTED DUE TO DRUGS, VACCINES, COSMETICS OR FOOD PRODUCTS

In confidence to: Adverse Reaction Program
Product Related Disease Division
Health Protection Branch
Ottawa, Ontario, K1A 0L2

PATIENT DATA

PATIENT'S INITIALS | CHART NUMBER | AGE | SEX ☐ MALE ☐ FEMALE | WEIGHT | HEIGHT

ETHNIC ORIGIN | ALLERGIES OR PREVIOUS ADVERSE REACTIONS ☐ NO ☐ YES *(Specify)*

CONDITION PRIOR TO REACTION

ADVERSE REACTION OR EVENT

REACTION ONSET WAS ☐ GRADUAL ☐ SUDDEN *Specify min. hr* ☐ OTHER *(Specify)*

DESCRIPTION OF THE ADVERSE REACTION OR EVENT

ONSET OF REACTION Day | Month | Year

LABORATORY VALUES

INTENSITY OF REACTION OR EVENT ☐ MINOR ☐ MODERATE ☐ MAJOR

Hospitalized Because of Reaction ☐ No ☐ Yes

TREATMENT OF REACTION
— SUSPECTED DRUG WAS ☐ STOPPED ☐ DOSE REDUCED ☐ UNCHANGED ☐ OTHER *(Specify)*

— TREATMENT DRUGS OR THERAPY ☐ NO ☐ YES *(Specify)*

OUTCOME OF REACTION ☐ PATIENT RECOVERED ☐ PATIENT RECOVERED WITH RESIDUAL EFFECTS ☐ PATIENT NOT YET RECOVERED ☐ UNKNOWN ☐ FATAL Date and cause

PRODUCT DATA

SUSPECTED DRUGS OR PRODUCTS Trade name/Chemical/*Batch & Lot No	DATES STARTED	DATES ENDED	DRUG DATA DAILY DOSE	DRUG DATA ROUTE	DRUG DATA REASON FOR USE

DRUGS TAKEN CONCOMITANTLY ☐ YES *(Specify)* ☐ NO

OTHER COMMENTS

HOSPITAL'S NAME | COMPLETED BY | H.P.B. USE ONLY

CITY | PROVINCE

HPB [illegible] *Use reverse side if necessary*

Glossary

Addictive	any substance that tends to induce a physiological or psychological dependency
Adulterate	to corrupt, debase, or make impure by the addition of a foreign or inferior substance
Amphetamines	a group of x-methylphenethylamine drugs used as stimulants of the central nervous system
Antibiotic	a drug that suppresses the growth of microorganisms in the body and helps control diseases of infectious origin
ASA	acetylsalicylic acid
Assay	laboratory analysis to determine the quantity of one or more substances
Barbiturates	a group of drugs derived from barbituric acid, used as sedatives or sleep-inducing agents
B.P.	the British Pharmacopoeia – a set of drug standards
B.P.C.	the British Pharmaceutical Codex – a set of drug standards
C.F.	the Canadian Formulary – a set of drug standards
C.S.D.	Canadian Standard Drugs – a Food and Drugs Act standard assigned to a specific group of drugs
Canada Gazette	a government publication listing all new legislation becoming effective at any given time

Cosmetic	any substance or mixture of substances manufactured, sold, or represented for use in cleansing, altering, or improving the complexion, skin, hair, or teeth, includes deodorants and perfumes
DIN	drug identification number – a six digit, computer – generated number assigned to a specific drug product
Designated Drugs	a group of amphetamine-type stimulant drugs with abuse potential that are approved for use in the treatment of certain designated diseases in humans and animals
Drug	includes any substance or mixture of substances manufactured, sold or represented for use in (a) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical state or the symptoms thereof, in man or animal; (b) restoring, correcting or modifying organic functions in man or animal; or (c) disinfection in premises in which food is manufactured, prepared or kept
Enteric coated	a drug specifically coated to pass through the stomach unaltered and disintegrate in the upper intestines
Epidemiology	the study of the relationships of the various factors determining the frequency and distribution of diseases in a population
Epilepsy	a disorder marked by disturbed electrical activity of the central nervous system, typically manifested by convulsions and clouding of consciousness
Excipient	non-medicinal ingredient in a drug product
Expiration date	the earlier of (1) the date until which a drug maintains its labelled potency, purity, a physical characteristic and (2) the date after which the manufacturer recommends that the drug not be used

GP	letters preceding a number assigned to a drug for purposes of identification and registration as a proprietary medicine; generally available from many retail outlets
Hyperkinetic	abnormally increased and usually purposeless and uncontrollable muscular movement; "overactive"
IU	International Units – a quantity of a biological (as in a vitamin) that produces a particular biological effect – agreed upon as an international standard
Identity	the chemical composition constituting a drug in its given form
Information letter	an HPB publication intended to inform health professionals, manufacturers and consumer associations, etc. concerned with Branch activities. It may contain proposals or decisions on regulatory change or the comments on a previous regulatory proposal or the reports of Expert Advisory Committees.
LSD	lysergic acid diethylamide – a hallucinogenic drug with no accepted medical use and subject to abuse; legally available only to institutions involved in highly specialized research
Label	any legend, word or mark attached to or accompanying a drug or package; "inner label" is the label on the container; "outer label" is on the package of a drug
Limit Dose Drugs	the Table to Section C.01.021 of the Food and Drug Regulations lists drugs available without prescription but for which maximum single or daily dosages are given. Dosages exceeding these limits are not suitable for self-medication without the advice of a practitioner
Lot number	any combination of letters, figures, or both by which any drug can be traced in manufacture and identified in distribution
N.F.	the National Formulary – a series of drug standards

Narcolepsy	a condition characterized by uncontrolled brief attacks of sleep occurring at intervals throughout the day
Narcotic	a term to describe a drug that in moderate doses dulls the senses, relieves pain and induces sleep, but which has a high potential for addiction and abuse
OTCs	nonprescription drugs, frequently called over-the-counter drugs intended for self-medication, and which are generally available in pharmacies only
Ophthalmic	of or relating to the eye
Package	includes anything in which any drug, cosmetic or device is wholly or partly contained, packed or placed
Parenteral drug	a drug introduced to the body by means other than topical absorption or through the intestinal wall; e.g. intravenous and intramuscular injection
Pathophysiology	the physiology of abnormal states; the functional changes that accompany a particular disease or disorder
pH	a measure of the acidity or alkalinity of a solution
Pharmacodynamics	the study of a branch of pharmacology dealing with the actions of drugs on living organisms, including the correlation of their action with their chemical structure
Pharmacokinetics	the study of the absorption, distribution, metabolism, and excretion of drugs within the body
Ph.F.	Pharmacopée Française – a set of drug standards
Ph.I.	Pharmacopoeia Internationalis – a set of drug standards
Potency	quantitative measure of a medicinal or active ingredient in a product
Practitioner	a person who is registered and entitled under the laws of a province to practice in that province the profession of medicine, dentistry, or veterinary medicine

Prescribing information	information taken from the product monograph and provided to health professionals as part of promotional and advertising material
Prescription	an order given by a practitioner, directing that a stated amount of a drug or mixture of drugs specified therein be dispensed for the person named in that order
Product monograph	factual, scientific document on the drug product, devoid of promotional material, describing the properties, claims, indications and conditions of use of the drug and containing any other information that may be required to provide adequate direction for its safe and effective use
Psychotropic	a compound that has the ability to modify mental activities and affect mood, thinking, perceptions and often behaviour; also known as psychoactive
Purity	the absence of foreign substances in a specific drug
Pyrogen	a fever-producing substance
Residue	a remainder; that which remains after the removal of other substances
Standard	a criterion set up and established by authority as a rule for the measure of quality, weight, value or quantity
Schedule drugs	drugs listed in the Schedule to the Narcotic Control Act or in Schedule G or H of the Food and Drugs Act, or Schedule F of the Food and Drug Regulations
Security package	a package having a security feature that provides reasonable assurance to consumers that the package has not been opened prior to purchase
Synthetic	chemical compound built up in a laboratory by the fusing of its various elements; possesses the same molecular structure as its corresponding naturally occurring compound, when there is a naturally occurring compound

Therapeutic use	drugs (vitamins or minerals) containing this caution are used in the treatment of conditions that the public cannot accurately self-diagnose, i.e. the advice of a practitioner is necessary. Advertising of such products to the general public is restricted to name, price and quantity
U.S.P.	Pharmacopoeia of the United States of America – a set of drug standards
Withdrawal or withholding time (veterinary)	the period of time after drug treatment that a residue remains in animal tissues. Observing this period avoids harmful drug residues remaining in meat, milk or eggs.